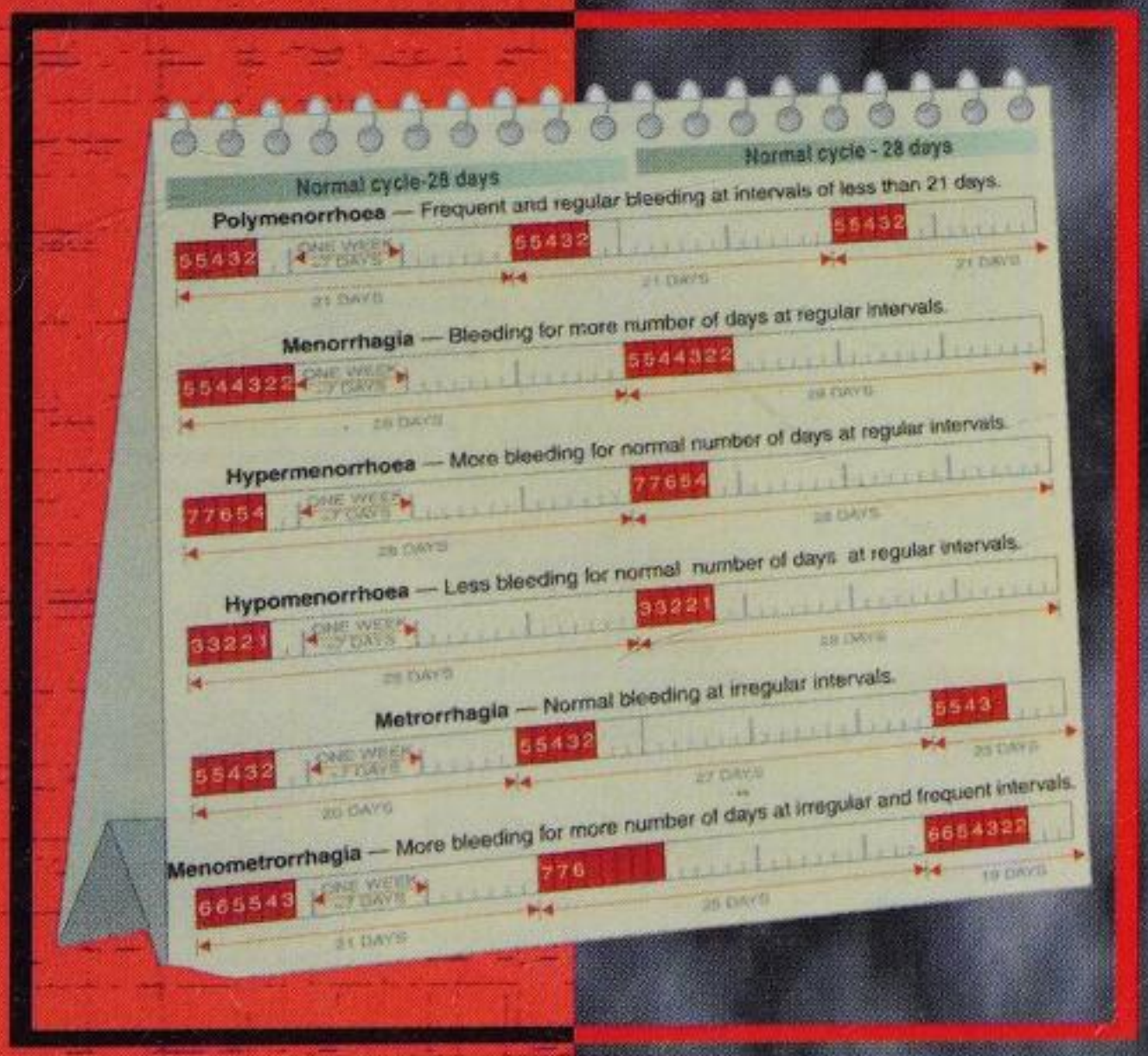
All You Wanted To Know About

Menstrual Irregularities


Normal cycle - 28 days
Normal cycle-28 days
Polymenorrhoea — Frequent and regular bleeding at intervals of less than 21 days.
55432
ONE WEEK - 7 DAYS
21 DAYS
Menorrhagia — Bleeding for more number of days at regular intervals.
5544322
28 DAYS
Hypermenorrhoea — More bleeding for normal number of days at regular intervals.
77654
Hypomenorrhoea — Less bleeding for normal number of days at regular intervals.
33221
Metrorrhagia — Normal bleeding at irregular intervals.
5543
Menometrorrhagia — More bleeding for more number of days at irregular and frequent intervals.
665543
6654322
776
19 DAYS

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ALL YOU WANTED TO KNOW ABOUT

Menstrual Irregularities

Edited by

Dr Savitri Ramaiah

New Dawn

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Preface

All You Wanted to Know About is an easy-to-read reference series put together by *Health Update* and assisted by a team of medical experts who offer the latest perspectives on body health.

Each book in the series enhances your knowledge on a particular health issue. It makes you an active participant by giving multiple perspectives to choose from – allopathy, acupuncture, ayurveda, homoeopathy, nature cure and unani.

This book is intended as a home adviser but does not substitute a doctor.

The opinions are those of the contributors, and the publisher holds no responsibility.

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Introduction

Menstruation or bleeding from the vagina is an important event for all women in their reproductive age group. Most girls start menstruating between twelve to fourteen years of age and continue to do so throughout the child bearing period of life. Menstruation usually stops after forty-five to fifty years of age.

ALLOPATHY

What is menstruation?

Menstruation is the periodic discharge from the vagina during the reproductive age. Normal menstruation consists of blood, secretions, and disintegrating uterus lining, or the womb. Although the interval of a typical menstrual cycle is mentioned as twenty-eight days, the normal duration can be from twenty-six to thirty days and lasts for about three to seven days. Since it is difficult to measure the amount of blood loss during menstruation, it

is estimated by the number of sanitary napkins used per day. Using up to five napkins per day is considered normal.

How does menstruation occur?

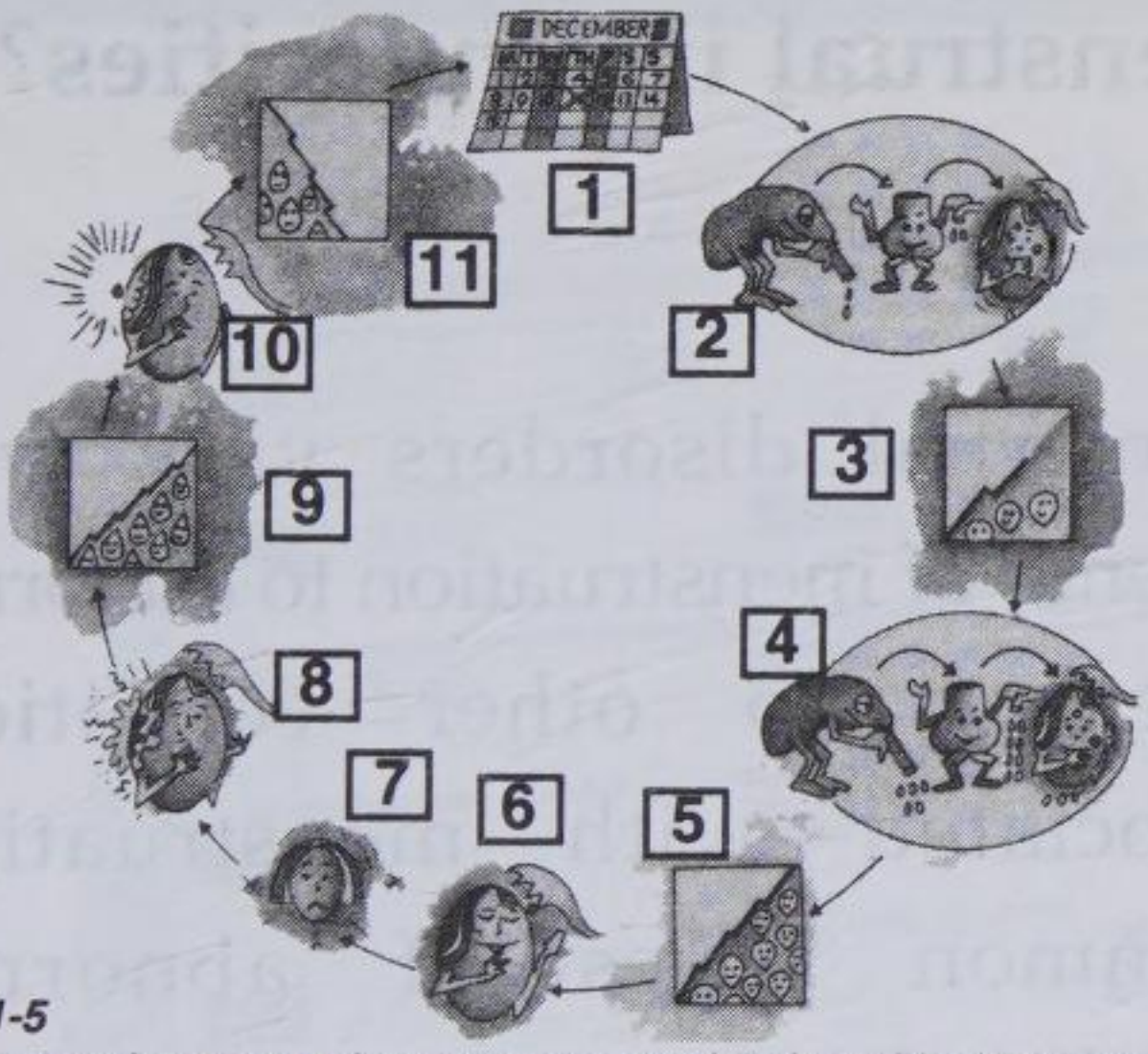
Menstruation is the result of complete interaction between *hypothalamus, pituitary gland, ovaries,* and the uterus lining. Hypothalamus is a part of the brain which controls many involuntary movements, *endocrine glands*, and body functions such as temperature, sleep and appetite. Pituitary gland is a small gland attached to the hypothalamus and secretes many *hormones*. The hypothalamus

receives stimulation from the environment in the form of nutrition, stress, emotion, light, smell, sound, etc. This stimulation results in secretion of a hormone called the *Gonadotropin Releasing Hormone (GnRH)*. The GnRH stimulates the pituitary to secrete another hormone called the *gonadotropin*. Gonads are sexual organs (ovaries in the females and testes in the males) and the hormones which stimulate these organs are called gonadotropins. The gonadotropins in the females stimulate the ovary to develop an

egg. The process of ripening of an egg in the ovary is called *ovulation*. Gonadotropins also stimulate the ovaries to secrete female hormones, *oestrogen* and *progesterone*. These hormones stimulate the uterus lining to prepare it for pregnancy. They also give feedback to the hypothalamus and the pituitary to keep gonadotropins at the right level. If pregnancy does not occur, the uterus lining is shed as menstruation. The female reproductive system is illustrated in Figure 1 and the menstrual cycle and its phases are shown in Figure 2.

Figure 1. Female Reproductive System

Figure 2. Normal Menstrual System



Days 1-5

1. Menstruation starts when progesterone levels suddenly decrease. The first day of the bleeding is the first day of the menstrual cycle.
2. Hypothalamus stimulates the pituitary to secrete gonadotropins. These gonadotropins stimulate ovulation.
3. Oestrogen level begins to rise. Hormones secreted by the ovary stimulate the lining of the uterus to prepare for pregnancy.

Days 5-14

4. Gonadotropins peak on the 13th day.
5. Oestrogen level reaches peak between 9-13 days.
6. Egg is released on the 14th day.

Days 15-23

7. If the egg does not fertilise within 24 hours, it dies.
8. Corpus luteum develops from the part of the ovary where the egg has ripened.
9. Corpus luteum secretes progesterone.

Days 24-28

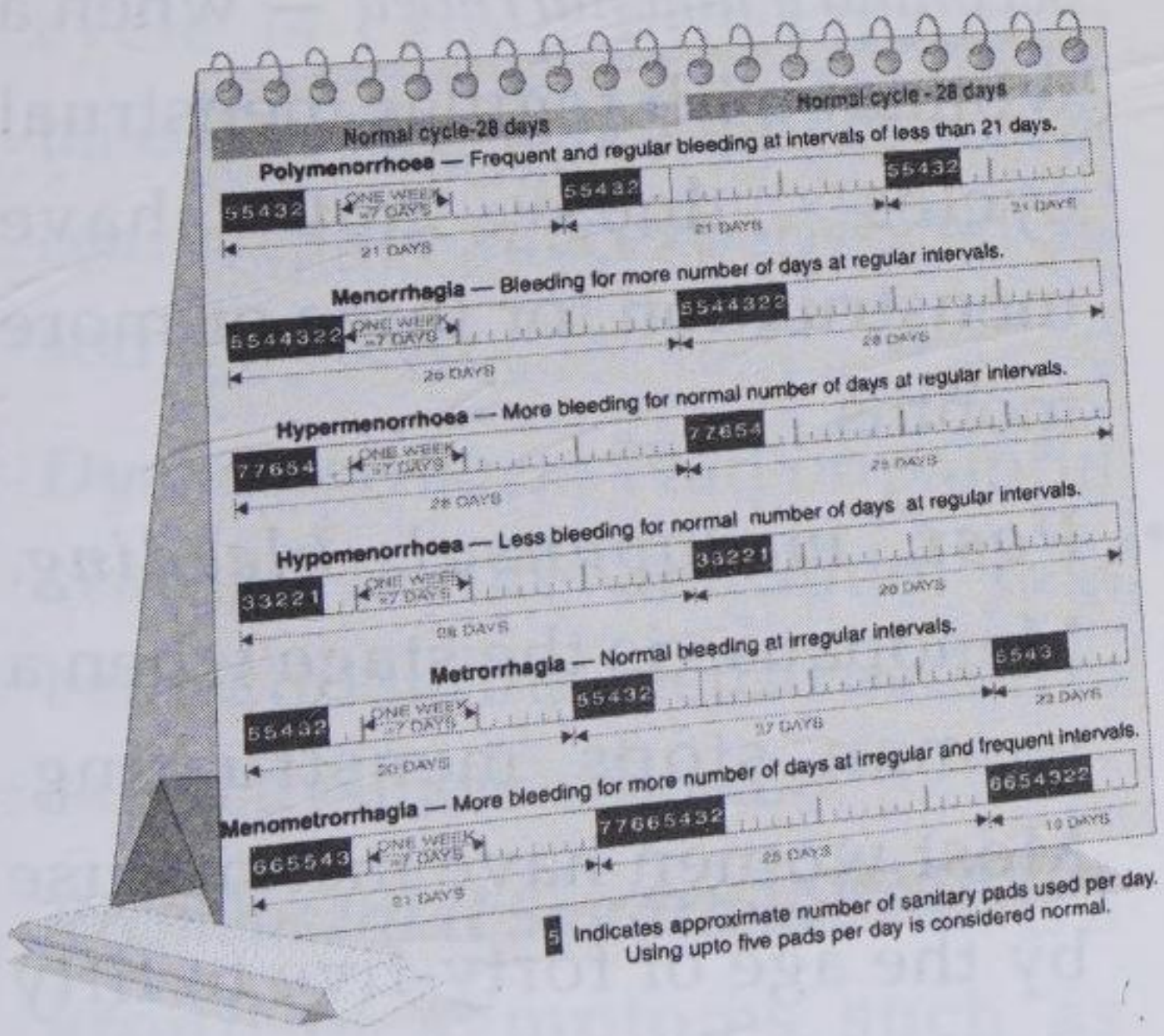
10. Corpus luteum degenerates.
11. Progesterone level suddenly decreases.

What are the types of menstrual irregularities?

Menstrual disorders vary from absence of menstruation to abnormal bleeding to other conditions associated with menstruation. Common types of abnormal bleeding are listed in Box 1. Other menstrual irregularities are:

- ***Amenorrhoea.*** Absence of menstruation is called amenorrhoea. There are two types of amenorrhoea: (1) *primary amenorrhoea* — when the

Box 1. Types of abnormal menstruation



menstruation does not start by sixteen years of age; and (2) *secondary amenorrhoea* — when a woman with regular menstrual cycles does not have menstruation for three or more months.

- ***Post menopausal bleeding.*** Menopause is the stage when a woman stops menstruating. Most women have menopause by the age of forty-five to fifty years. Menstruation more than twelve months after the last bleeding in the menopausal age is called post menopausal bleeding.

- ***Breakthrough bleeding***. Any bleeding between the menstrual cycle is called breakthrough bleeding. It is a side-effect of *oral contraceptive pills* experienced by some women.
- ***Dysmenorrhoea.*** Pain or painful cramps in the abdomen just before or during menstruation is called dysmenorrhoea.
- ***Premenstrual Syndrome.*** This is a group of symptoms such as nervous tension, irritability, weight gain, headache, etc., during the last few days of a menstrual cycle.

Abnormal Bleeding

Abnormal bleeding is a simple term for ***Dysfunctional Uterine Bleeding or DUB***. The term DUB is used till the cause of menstrual irregularity is identified. Nearly fifty per cent of women with abnormal bleeding are in the reproductive age group of twenty to forty years. Abnormal bleeding is of two types: (1) physiological, where there is no underlying disease; and (2) pathological, where there is an underlying disease.

Physiological abnormal bleeding usually occurs in four situations: (a) for two to three years after the menstruation starts; (b) after child birth; (c) during breast-feeding; and (d) before menopause. Whenever adjustments are being made in the coordinated activity between the brain and the ovaries, this type of abnormal bleeding occurs.

Pathological abnormal bleeding can be due to emotional or physical problems such as anxiety and chronic infections. The first effect of these problems is loss of ovulation. Common causes of abnormal bleeding are listed in Box 2.

Box 2. Common causes of abnormal bleeding

Abnormalities in the function of the reproductive organs.

- Bleeding in cycles where there has been no ovulation.
- Excess or deficient function of the corpus luteum.
- Abnormalities in the lining of the uterus.

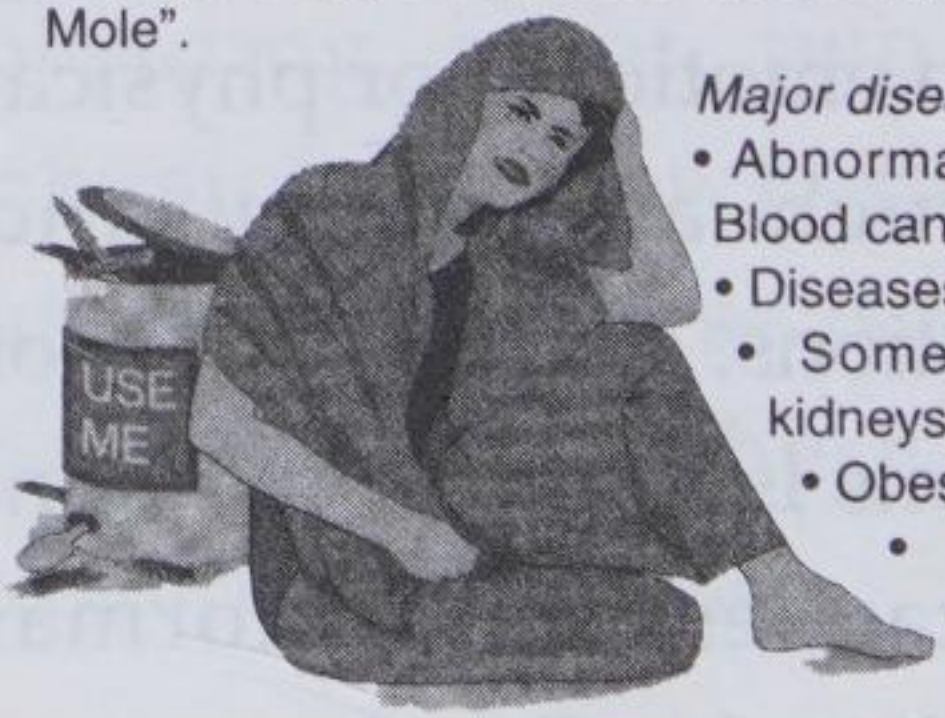
Abnormalities in the structure of the uterus.

- Fibroid (tumours) inside or outside the uterus.
- A tumour like growth called a "polyp" from the lining of the uterus.
- Infections of the lining of the uterus.
- Intra-uterine contraceptive device such as Copper-T or loop.
- Cancer of the uterus.

Pelvic inflammatory disease. This is a condition in which there is bacterial infection of the female organs inside the pelvis. The symptoms are fever, foul-smelling vaginal discharge; pain in the lower abdomen, etc.

Complications in the early stage of pregnancy.

- Abortion.
- Pregnancy outside the uterus.
- A grape like growth inside the uterus called the "Hydatid Mole".



Major diseases

- Abnormalities in the blood • Blood cancer
- Diseases of the liver
- Some diseases of the kidneys
- Obesity
- Diseases of the endocrine glands

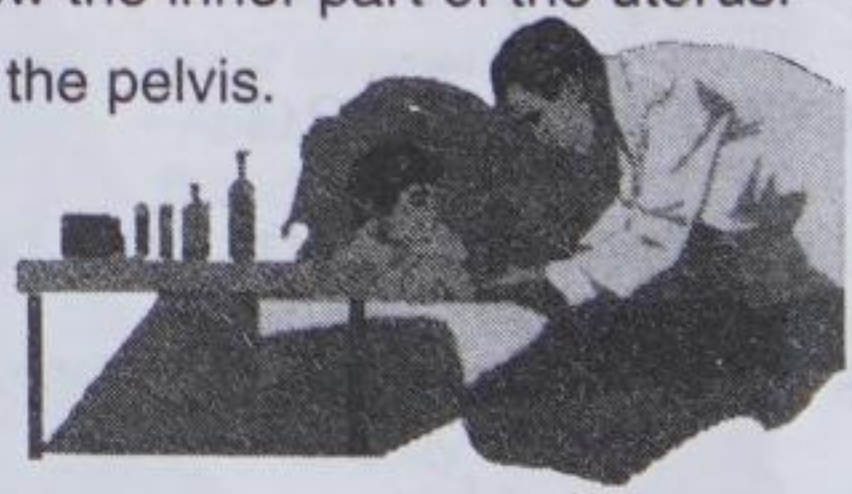
What laboratory tests are recommended for abnormal bleeding?

Blood tests for assessment of (a) hormones secretion, (b) some endocrine glands, and (c) general health are essential for evaluating the cause of abnormal bleeding.

Biopsy of the uterus lining is recommended to detect abnormalities in the uterus lining. It is usually done three to five days before the expected date of

Box 3. Tests recommended for abnormal bleeding

- Blood tests for:
  * Red blood cells and white blood cells count.
  * Haemoglobin.
  * Evaluating clotting mechanism of the blood.
  * Iron concentration.
  * Prolactin and gonadotropins.
  * Oestrogen and progesterone
  * Testosterone.
- Pregnancy test.
- Tests for detecting ovulation.
- Thyroid function tests.
- Liver function tests.
- Biopsy of the uterus lining.
- Hysteroscopy to view the inner part of the uterus.
- Ultrasonography of the pelvis.



menstruation. Biopsy is not done during the menstruation.

Hysteroscopy helps to view the uterus lining directly. It thus helps identify diseases or small tumours of the uterus lining.

Ultrasonography provides valuable information on the size of the uterus, thickness of the uterus lining, ovaries and any tumour in the reproductive organs.

Laboratory and other tests recommended for evaluation of abnormal bleeding are listed in Box 3.

What is the treatment for abnormal bleeding?

The main purposes for treating abnormal bleeding are to: (a) stop the acute and profuse bleeding; (b) ensure regular menstruation; (c) stimulate ovulation in women who want to have children; (d) reduce the amount of blood loss; (e) prevent abnormal thickening of the uterus lining; and (f) prevent cancer. The treatment depends upon whether the bleeding is sudden and profuse or chronic and repeated.

Sudden and profuse bleeding. Whenever there is sudden and excessive bleeding, several complications of blood loss are likely. The doctor will therefore first initiate measures to prevent the complications of blood loss. Other management options include:

- *Pregnancy test*. A quick and reliable pregnancy test including examination of the reproductive organs indicates whether the bleeding is because of complications of pregnancy or not.

- *Dilatation and curettage (D&C).* This is a minor procedure which stops the bleeding immediately. In this procedure, the uterus lining is removed. There are two methods for a D&C procedure. The first method involves dilating the cervix manually with the help of rod-like instruments and then scraping the uterus lining. The second method involves removing the uterus lining through a suction pump. This is a safer method. The uterus tissue is sent for laboratory tests to rule out abnormalities and cancer.

A D&C procedure usually does not require general anaesthesia. Your doctor may give an injection in the cervix to numb the pain if manual dilatation is to be done. You can resume normal work as soon as the D&C is completed. However, it is advisable that you avoid strenuous activities for at least three days.

- ***Hormones.*** Hormones are recommended when the bleeding is heavy, but is not very serious or life-threatening. High dose of oestrogen given every four to six hours can stop bleeding within

twenty-four hours in cycles where ovulation has not taken place. After the bleeding stops, and if there is no other associated disease, hormone pills are prescribed for a few cycles.

Chronic and regular bleeding. Long-term abnormal and excessive bleeding results in poor general condition. A nutritious diet, iron and vitamin supplements, and in cases of severe anaemia, blood transfusion is therefore necessary to improve general health. In addition, hormones and/or other medicines are recommended for a few cycles.

The duration of medicines depends upon the severity of the condition and your response to treatment. The doctor may change the medicines, if necessary.

Medicines commonly used for management of abnormal bleeding include:

- *Norethisterone.* This medicine contains progesterone. It prevents thickening of the uterus lining. Decreased thickening of the uterus lining results in decreased bleeding. Nausea, headache and bloating are common side-effects.

- *Medroxy progesterone acetate.* This medicine is a synthetic progesterone. It is usually recommended for about three months. Common side-effects are pimples, dizziness, headache, nausea or vomiting. These side-effects usually disappear as your body gets used to the medicine.

- *Combination pill.* These are contraceptive pills containing both oestrogen and progesterone although the oestrogen content is high. Common side-effects are bloating, change in sexual desire, depression, dizziness, nausea or

vomiting and headache. These side effects disappear after some time.

- *Danazol.* It decreases the thickening of the uterus lining and therefore decreases the amount of blood loss. Common side-effects are weight gain, muscle cramps and skin rash.

- ***Non-steroidal anti-inflammatory agents.*** This group of medicine reduces the amount of blood loss in cycles where ovulation has taken place. They are most effective if given seven to ten days before the expected date of

menstruation. Sometimes, these medicines are also given during the first three days of menstruation. Non-steroidal anti-inflammatory agents are occasionally given along with oral contraceptive pills for quicker and enhanced action. Side-effects are nausea, vomiting, headache and dizziness.

- ***Antifibrinolytic agents.*** These medicines also reduce the blood loss. They are more effective if prescribed in combination with contraceptive pills. The most commonly prescribed antifi-

brinolytic agent is tranexamic acid. Side-effects are nausea, dizziness, diarrhoea, headache, pain in the abdomen, and allergic conditions.

- *Ethamsylate.* This medicine controls abnormal bleeding by reducing the tendency of small blood vessel walls to "break" easily.

- *Hormone releasing intrauterine devices.* Some intrauterine devices contain hormones and release them regularly in small doses.

Surgical measures. There are several new surgical options for treatment of abnormal bleeding which does not require a major surgery for removal of the uterus. Surgical procedures commonly recommended are:

- *Hysteroscopy*. The procedure in which an instrument called the hysteroscope is inserted into the vagina to view the cervix and uterus directly is called hysteroscopy. It is a simple procedure and does not require any anaesthesia (medicines to numb the pain), especially if it is

done for making a diagnosis or biopsy. Some doctors give local anaesthesia if the patient is very tense or nervous.

There are three procedures commonly adopted through a hysteroscope for management of abnormal bleeding. These are: (1) laser ablation, (2) *Electro-surgical* removal of the uterus lining; and (3) *Roller-ball coagulation* of the uterus lining. All these three procedures have one common purpose: to remove the abnormal uterus lining.

Laser ablation is a procedure in which laser is used to "burn" the abnormal uterus lining. This procedure takes about fifteen minutes. It usually does not have any complications although infections can occur sometimes. Your doctor will prescribe some antibiotics to prevent infections. There may be mild pain and discomfort in the vagina for one or two days after the procedure. You can, however, move around the house and do most of your normal work soon after the laser ablation.

Hysteroscopy is usually not recommended if there is (a) infection of one or more organs inside the pelvis; (b) contraindication to local or general anaesthesia; (c) pregnancy; (d) cancer of the cervix, and (e) menstruation.

- ***Dilatation and Curettage (D&C).*** A D&C procedure can sometimes stop future episodes of abnormal bleeding if its cause is abnormal uterus lining. However, if the cause of menstrual irregularity is hormonal imbalance, this procedure cannot cure abnormal bleeding. Your doctor will

therefore prescribe medicines to control abnormal menstruation.

- ***Hysterectomy.*** This is a major surgery in which the uterus is removed. This surgery is performed only when there is a tumour or the uterus has prolapsed into the vagina or when abnormal bleeding does not stop with medical treatment.

AMENORRHOEA

What are the causes of amenorrhoea?

Primary amenorrhoea is usually due to a hereditary or inborn defects. These defects result in abnormalities of the (1) hypothalamus or the pituitary; (2) ovary; (3) uterus and vagina. Common causes of primary amenorrhoea are given in Box 4. Causes of *secondary amenorrhoea* are:

- ***Pregnancy and breast-feeding.***
- ***Abnormal function of the hypothalamus.*** Decreased

Box 4. Common causes of primary amenorrhoea

- *Abnormalities in the hypothalamus or pituitary.*

Deficient secretion of hormones due to:

  * Inborn defects;
  * Major illnesses;
  * Severe psychological stress;
  * Sudden loss of weight.
  * Regular and severe exercise;
  * Deficiency of one or more gonadotropins.

- *Polycystic ovary syndrome.* In this condition, there is disturbed interaction between hypothalamus, pituitary and ovaries. This disturbance results in excess of some hormones
- *Abnormalities in the ovary.* Inadequate development of the ovary. This is usually an inborn defect.

- *Abnormalities in the uterus or vagina.*

  Absence of uterus.

  Obstruction in the vagina due to:
  * hymen without an opening and
  * a muscle wall in the vagina.

secretion of Gonadotropin Releasing Hormone by the hypothalamus results in secondary amenorrhoea. Causes of decreased secretion of this hormone are: (a) abnormalities of the weight; (b) strenuous exercise; (c) environmental stress; (d) and some diseases. Each of these causes of abnormal function of the hypothalamus are detailed below:

Abnormalities of the weight. Normal menstruation depends partly upon total body weight and the amount of body fat. Reduced

body fats (less than seventeen percent of the total body weight) result in amenorrhoea. Women who alter their eating habits to remain "slim" have low body fat. *It is therefore important to consult a doctor before starting any weight reduction programme.*

Women with emotional disorders such as *anorexia nervosa and bulimia nervosa* have abnormally low weight. There is decreased Gonadotropin Releasing Hormone in these two disorders. Criteria for diagnosis of anorexia nervosa and bulimia nervosa are listed in Box 5.

Strenuous exercise. Women who undertake severe physical activities such as sports or exercises for more than one hour a day have reduced secretion of Gonadotropin Releasing Hormone. These women are more likely to have very low body fat. *Regular exercise plays a very important role in maintenance of normal health and for preventing heart diseases and cancer. It is therefore not advisable to discontinue exercises. They should, however, be regulated as per your doctor's recommendations.*

Environmental stress. Some young girls have secondary amenorrhoea

Box 5. Diagnostic criteria for Anorexia Nervosa and Bulimia Nervosa

Anorexia Nervosa.

- Not willing to maintain body weight over a minimal normal weight. Most of such women are fifteen per cent or more below the expected weight for their age and height.
- Intense fear of becoming fat even though the woman is underweight.

- Abnormal feeling about the weight, size and shape of the body. These women "feel fat" even when they are severely malnourished.
- No menstruation for at least three months.

Bulimia Nervosa

- Regular phases of overeating. Women with this condition eat large amount of food very quickly at a time.
- A feeling of lack of control over eating behaviour during the overeating phases.
- Regular practice of self-induced vomiting, medicines for diarrhoea or excessive loss of water from the body, strict dieting or fasting, or severe exercise in order to loose weight.
- At least two overeating episodes per week for three months.
- An obsession about body shape and weight.

for some time when they are separated from their family, such as when joining a hostel for further studies or separation from loved ones.

Systemic diseases. Some rare diseases such as *sarcoidosis* that also affect the hypothalamus can result in amenorrhoea.

- ***Abnormal functions of the pituitary gland.*** Tumours of the pituitary gland result in abnormal secretion of some hormones such as *prolactin*. These abnormalities result in secondary amenorrhoea.

Common causes of increased prolactin secretion are: (a) pregnancy; (b) prolactin secreting pituitary tumours; (c) medicines used for some emotional disorders; (d) kidney failure; (e) decreased function of the *thyroid gland, and* (f) some diseases of the hypothalamus.

- ***Abnormal functions of the ovaries.*** Decreased function of the ovaries results in increased blood level of Follicle Stimulating Hormone. Failure of ovaries before the age of forty years is called *premature ovarian*

failure. This failure is usually due to inborn defects. It can also be due to some diseases; chemotherapy, radiotherapy, infections and occasionally biopsy of the ovaries.

- ***Abnormalities of the uterus.*** Inhibition of the uterus lining due to oral contraceptive pills which may have been prescribed for treatment of menstrual irregularities can sometimes cause amenorrhoea. Scars in the uterus lining after a D&C can also cause amenorrhoea. The uterus lining may be damaged

intentionally through a simple procedure in women who have excessive bleeding, not controlled by medication, and who are not fit for surgical removal of the uterus (Hysterectomy).

What are the laboratory tests for primary amenorrhoea?

The doctor will ask for a detailed history and conduct a detailed examination before recommending laboratory tests. He/she will make specific inquiries about (1) general health and lifestyle; (2) history of head injury; (3) periodic pain in the abdomen.

After taking a detailed history, the doctor will examine the patient from "head to toe" and look for

abnormal growth. Subsequently, the doctor will recommend some of the following laboratory tests to confirm the diagnosis:

- *Progesterone withdrawal test.* Progesterone is given either orally or as injections to check if oestrogen is being secreted by the ovaries.
- *Ultrasonography of the pelvic region.* Ultrasonography is a process of taking images of the deep structures of the body. This is done by measuring and recording the reflection of high frequency sound waves. An

ultrasonography is done to identify (1) collection of blood in the vagina; (2) absence of, or abnormalities in the ovaries; and (3) absence or abnormalities in the uterus.

- ***Blood tests.*** Some pituitary tumours result in abnormal levels of gonadotropins in the blood.
- ***X-ray of the skull.*** Some pituitary tumours are visible in an x-ray.
- ***Intravenous pyelography.*** This is a technique in which an opaque chemical substance is injected

into the veins. A series of x-rays are taken when this substance is cleared from the blood by the kidneys. Intravenous pyelography is recommended for girls who have abnormalities of uterus.

- *Buccal smear.* A sample of tissue from the inner surface of the cheek is collected and *karyotyping* is done. Karyotyping is a method for determining characteristics of the sex *chromosomes*. Chromosomes are thread-like structures inside the cells of our body. They transmit

a wide range of information from one generation to another. There are two types of sex chromosomes - X and Y. Females have two X chromosomes and males have one X and one Y chromosome. Buccal smear identifies abnormalities in the sex chromosomes.

What are the laboratory investigations for secondary amenorrhoea?

Just as in primary amenorrhoea, the doctor will ask several questions before recommending laboratory tests. These questions will relate to:

- ***Use of medicines.*** Some medicines for high blood pressure, abnormalities of the thyroid gland or contraceptive pills can cause amenorrhoea.

- *Stress.* Sudden change in the weight and emotional stress can cause amenorrhoea.
- *Hot flushes.* Temporary experience of warmth is indicative of premature menopause.
- *Persistent headache.* Some brain tumours can cause amenorrhoea. Recurrent headache and/or other symptoms indicative of brain tumour therefore need to be investigated.
- *Abnormal hair growth.* This could be because of disorders of the ovary or adrenal glands.

The goal of the laboratory investigations for secondary amenorrhoea is to ensure that there is no disease of the hypothalamus and pituitary or premature ovarian failure. Investigations likely to be recommended are:

- ***Pregnancy test.*** This is the first step in management of secondary amenorrhoea.
- ***Blood tests.*** This is to measure prolactin and Follicle Stimulating Hormone levels in the blood. High prolactin level is indicative of any one of the several causes mentioned above. High Follicle

Stimulating Hormone level indicates ovarian failure. Blood tests are also recommended for *testosterone* levels in the blood. Testosterone is a natural hormone in the body which increases male characteristics and in higher levels can cause amenorrhoea.

- ***Thyroid function tests.*** Excess or deficient functions of thyroid glands can either cause decreased menstruation or amenorrhoea.
- ***Progesterone withdrawal test.*** This test helps to evaluate

coordinated activity of the hypothalamus and the pituitary. This test is done only after the pregnancy test.

What is the treatment for amenorrhoea?

Treatment options for amenorrhoea include medicinal and surgical measures. **Medicinal measures** include:

- *Treatment of specific diseases.* Abnormalities of the thyroid gland, pituitary tumours and abnormalities in the adrenal glands can be treated by appropriate medicines.
- *Progesterone withdrawal.* In this treatment, oral progesterone for

seven days or an injection of progesterone is given. Menstruation usually starts when the progesterone level suddenly decreases. This is called withdrawal bleeding. Girls with pituitary tumours, absent ovaries and severe stress will not have withdrawal bleeding. Progesterone withdrawal restores menstrual cycles if amenorrhoea is of short duration and the cause is stress-related.

- *Hormone therapy.* Hormone pills are recommended for girls who have poor development of

secondary sexual characteristics. They usually result in near normal development of puberty.

Surgical measures are indicated in conditions such as:

- ***Abnormalities in the vagina***. If there is no opening in the *hymen* (a thin membrane in the vagina), the menstrual discharge cannot pass out every month. To correct this problem, a small cut is made in it to drain the menstrual fluid. This is a minor procedure and does not require hospitalisation. Similarly there may be a partition muscle wall in the vagina which

can be removed through a minor surgery.

- *Absence of uterus and vagina.* A new vagina can be created when both, the uterus and the vagina, are absent. This repair is usually done when a woman wishes to be sexually active.
- *Tumours.* Tumours in the vagina and the uterus are removed through a surgery. The surgery is either minor or major depending upon the size and position of the tumour.
- *Pituitary tumours*. A combination of surgical and medicinal

measures is recommended for patients with pituitary tumours.

What is the treatment for other menstrual irregularities?

- *Premenstrual bleeding.* This type of bleeding is due to limited production of progesterone. It is treated with progesterone hormone from fifteenth day of the menstrual cycle till the twenty-sixth day.
- ***Mid-cycle spotting.*** This type of bleeding is due to decrease in oestrogen levels after ovulation. Oral oestrogen tablets are given

for three days after ovulation to prevent mid-cycle spotting.

- ***Post-menstrual spotting.*** This type of bleeding is due to irregular shedding of the uterus lining. Dicolfenac sodium tablets during the period of menstruation or oral contraceptive pills are given for a few cycles to correct this problem.

What are the causes of menstrual irregularities during menopause?

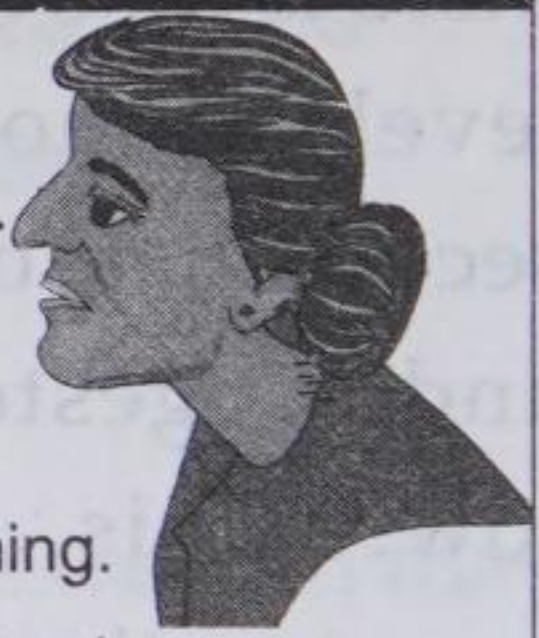
Just before menopause women may have abnormal menstruation due to hormonal changes. In the last five to seven years before menopause, menstrual irregularity increases from 90 per cent to 100 per cent. Therefore, menstrual disturbance at the time of menopause is the rule rather than the exception. If there are no other associated diseases or illnesses, the cause of abnormal

menstruation is lack of ovulation. If there is no ovulation, the oestrogen levels do not decline during the second half of the menstrual cycle and progesterone levels are also low. This type of abnormal menstruation is corrected by giving oral tablets of progesterone. Progesterone has two benefits:

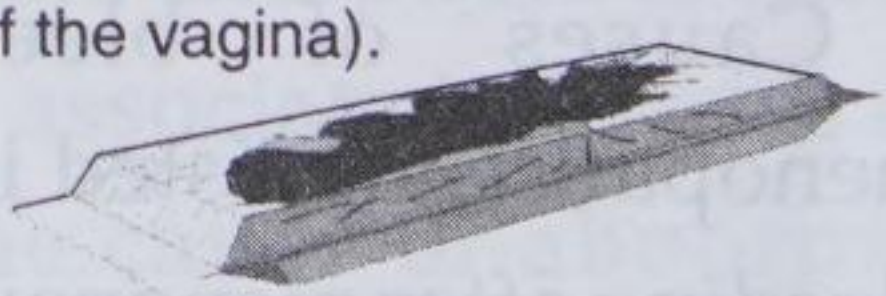
1. It prevents future episodes of abnormal bleeding;
2. It reduces the risk of developing cancer.

Causes of bleeding after menopause are listed in Box 6. Any bleeding after menopause should be

Box 6. Common causes of bleeding after menopause



- Cancer of the cervix.
- Cancer of the uterus lining.
- Cancer of the vagina.
- Cancer of the ovary.
- Thickening of the uterus lining.
- Tumour - like growth called polyps.
- Tuberculosis of the uterus lining.
- Infections of the vagina.
- Withdrawal of oestrogen based medicine.
- Tumour - like growth in the tube from which urine flows out.
- Cancer in the vulva.
- Foreign body in the vagina.
- Ulcer of the vagina in women with prolapsed uterus (uterus slides down and projects out of the vagina).



evaluated by a doctor at the earliest. Early diagnosis of the actual cause of postmenopausal bleeding will increase the chances of complete recovery.

Dysmenorrhoea

Dysmenorrhoea is pain or painful cramps in the abdomen felt before or during menstruation. There are two types of dysmenorrhoea: (1) *primary,* when there is no abnormality in the reproductive organs; and (2) ***secondary,*** when dysmenorrhoea is a consequence of some diseases of the reproductive organs. Up to fifty per cent of young girls complain of primary dysmenorrhoea. The symptoms are usually more severe after about five years of the first menstruation.

What are the symptoms of dysmenorrhoea?

Primary dysmenorrhoea usually begins six months to one year after a girl starts her menstruation. This is the time when an egg begins to ripen every month in the *ovaries*. Ripening of an egg is called *ovulation*. Dysmenorrhoea is absent in cycles where ovulation has not taken place. Primary dysmenorrhoea is rare after the age of twenty years. **Secondary dysmenorrhoea** is usually observed in women above

twenty years although in some cases it my start at a younger age.

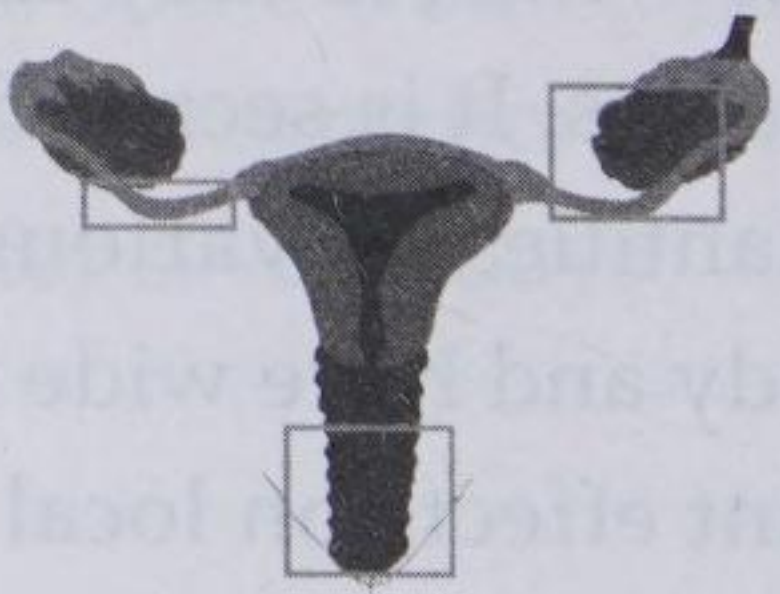
The most important symptom of dysmenorrhoea is a cramp-like pain in the lower part of the abdomen which may spread to the back and the legs. Other associated symptoms are: (1) vomiting; (2) headache; (3) anxiety; (5) fatigue; (6) diarrhoea; (7) giddiness; and (8) fullness in the abdomen. Some women have pain before the menstruation starts and it may last for several days.

What are the causes of dysmenorrhoea?

The exact cause of primary dysmenorrhoea is not known. Oestrogen, a hormone produced by the ovaries stimulates secretion of *prostaglandin* by the uterus. Prostaglandin is a chemical substance which is very similar to the hormones. It is secreted in very small quantities by various organs in the body and have wide range of significant effects on local organs. Increased secretion of prostaglandin

Figure 3. Causes of secondary dysmenorrhoea

- Abnormal growth and function of the uterus lining.
- Tumours in the uterus.
- Intra-uterine contraceptive device.
- Abnormalities in the uterus since birth.
- Inflammation of the fallopian tubes.
- Tumours and cysts of the ovary.
- Narrowing or block in the cervix.
- Abnormalities in the vagina.



results in increased contraction of the uterus which in turn results in dysmenorrhoea. Causes of secondary dysmenorrhoea are listed in Figure 3.

What is the treatment of dysmenorrhoea?

Counselling and reassurance to the girls suffering from primary dysmenorrhoea is one of the first steps towards its management. It is also important to remember that you should not take any medicines for dysmenorrhoea without consulting a doctor to rule out diseases in the reproductive organs. Primary dysmenorrhoea is managed by:

- ***Prostaglandin synthetase inhibitors.*** This group of

medicines inhibits the production of prostaglandin by the uterus. Most people need to take these medicines three to four times a day for one or two days during dysmenorrhoea.

Common medicines in this group are mefenamic compounds, indomethacin, flufenamic acid, tolfenamic acid, ibuprofen, naproxan and ketoprofen. Of these, mefenamic compounds are most effective.

Most of these medicines cause minor disturbances in the alimentary canal such as acidity and

constipation. These medicines are usually not habit forming.

- ***Simple analgesics.*** Painkillers provide relief if the pain during menstruation is not very severe. They are usually not recommended.
- ***Oral contraceptives.*** Women who use oral contraceptive pills as a method for birth control do not have dysmenorrhoea. This is because most of these pills inhibit ovulation.
- ***Cervical dilatation.*** In rare cases, when the dysmenorrhoea is because of narrowing of the

cervix – the part of the uterus which protrudes into the vagina – a simple surgical procedure is necessary to dilate the cervix.

- ***Laparoscopy.*** If a woman does not respond to any of the above measures, it may be necessary to conduct a test similar to endoscopy. This test is called laparoscopy. The doctor inserts a plastic tube with light at one end into the abdomen through a small cut and studies the reproductive organs for any abnormalities.

PREMENSTURAL SYNDROME

What is Premenstrual Syndrome?

Premenstrual Syndrome is a group of symptoms that occur towards the end of a menstrual cycle. These symptoms can be either physical or behavioural or both. Different women experience different symptoms. In fact there are more than one hundred and fifty symptoms associated with Premenstrual Syndrome. These symptoms last only for a few days

Box 7. Common symptoms associated with Premenstrual Syndrome

Emotional

• Sadness • Anxiety • Anger • Irritability
• Unpredictable mood

Intellectual

• Decreased concentration
• Indecision
• Paranoia

Pain

• Headache • Tender breasts • Joint and muscle pain

Behavioural

• Decreased motivation • Decreased efficiency • Unwilling to socialise with peopie

Fluid in the body

• Bloating sensation in the body
• Weight gain • Decreased volume of urine
• Swelling of the legs

Skin changes

• Pimples • Oily skin • Greasy hair
• Dry hair

Others

• Nausea • Diarrhoea • Palpitations
• Sweating • Increased or decreased sleep
• Increased or decreased appetite
• Fatigue • Changes in the sexual desire
• Clumsiness • Dizziness • Tremors

just before menstruation. In some cases they may be present during the first one or two days of menstruation.

Up to thirty per cent women are unable to do their normal work when they have Premenstrual Syndrome. Symptoms commonly associated with Premenstrual Syndrome are shown in Box 7.

What are the causes of Premenstrual Syndrome?

The exact cause of Premenstrual Syndrome is not clear. However, the following conditions are believed to cause Premenstrual Syndrome:

- *Lack of progesterone.*
- ***Fluid retention.*** Many women have a heavy or bloated feeling just before their menstruation. This is because the body excretes less fluids per day before menstruation. Fluid retention in

the brain is believed to cause mood changes, fluid retention in the breast can cause pain in the breast, and fluid retention in the alimentary canal can cause disturbances in the digestive system.

- ***Vitamin B6 deficiency***. Vitamin B6 has many functions in the body. One of them is formation of hormones important for brain function. Thus, when vitamin B6 is inadequate, some hormones for the brain are also inadequate.
- ***Lower levels of glucose.*** Many women have less glucose in their

blood just before menstruation starts. Glucose levels return to normal after the menstruation.

- *Hormone allergy*. Progesterone levels are high towards the end of a menstrual cycle. Many women are believed to be allergic to progesterone.
- *Higher levels of prolactin.* Prolactin is a hormone secreted by the pituitary gland. It stimulates the development and growth of breasts. It is also believed to affect the kidneys' capability to excrete water.

How is Premenstrual Syndrome diagnosed?

There are no laboratory tests to diagnose Premenstrual Syndrome. Diagnosis is therefore made only through a detailed history. *It is therefore important for you to describe all your symptoms in detail.* Do not feel shy or hesitant to describe these symptoms as they are important for prescribing the correct medicines.

You can keep a diary of all physical and emotional disturbances during at least two or three

menstrual cycles. Review of this diary will help the doctor to prescribe medicines which are relevant to your symptoms. Maintaining a dairy throughout the menstrual cycle will also help the doctor to determine whether the symptoms are due to Premenstrual Syndrome or other emotional disturbances such as depression, anxiety and psychosis.

What is the treatment of Premenstrual Syndrome?

The first step towards treatment of Premenstrual Syndrome is to reassure yourself that the symptoms are not "all in the head". Many women do not seek treatment for Premenstrual Syndrome either because they believe that the doctor will call them "psychic" or because of their perception that the symptoms cannot be cured. There is no standard treatment for Premenstrual Syndrome. It depends

upon the severity and the type of symptoms. The most important management options include:

- *Diet.* You should eat a high-protein diet with plenty of raw vegetables and fruits. Your doctor may also suggest vitamin B6 supplement. Some women have relief from symptoms after eating more carbohydrates and salt. Cereals such as rice, wheat, corn, etc., are rich sources of carbohydrates. Drinking more than five to six cups of tea per day increases severity of symptoms in some women. You

should therefore avoid drinking large quantities of tea in the second half of the menstrual cycle.

- *Exercise*. You should exercise at least three to four times a week, especially during the second half of the menstrual cycle. Research has indicated that women who exercise regularly are less likely to be angry or depressed. Exercise also increases hormone secretion and its utilisation, especially oestrogen.
- *Reduce stress.* Stress increases the severity of symptoms of

Premenstrual Syndrome. You should therefore avoid stress by regular practice of relaxation techniques such as yoga and meditation.

- *Oral contraceptives.* These pills suppress ovulation and therefore control Premenstrual Syndrome.

- *Diuretics.* Diuretics are medicines which excrete more water from the body. These medicines are given in small doses if the main symptoms are bloated and a heavy feeling in the body. They do not have major side effects in small doses. Diuretics may cause

dizziness, giddiness, uneasiness, and dryness in the mouth.

- *Progesterone.* This hormone is usually given orally. Sometimes it is inserted into the vagina or the anus as suppositories in the second half of the menstrual cycle. Progesterone modifies the menstrual cycle and may decrease the flow. Oral tablets may cause dizziness and sleepiness. Suppositories rarely cause infection and rash in the vagina and abdominal cramping, local irritation or increased gas in the stomach if inserted into the anus.

- *Lithium carbonate.* This medicine is prescribed occasionally for control of repeated abnormal behaviour associated with Premenstrual Syndrome. It may have mild side-effects such as fatigue, muscle weakness, shivering of the hands, excessive urination, thirst, nausea, vomiting and diarrhoea. Lithium carbonate is given in many small doses during the day to minimise these side-effects.

- *Bromocriptine.* This medicine is recommended for swelling and pain in the breasts. It is usually

given during the second half of the menstrual cycle.

- *Danazol.* This medicine is effective for depression, bloating, breast pain and emotional disturbances. Danazol does not alter the menstrual cycle in doses recommended for treatment of Premenstrual Syndrome. Side-effects are weight gain, muscle cramps and skin rash.

AYURVEDA

According to Ayurvedic system of medicine, menstrual disorders are the result of aggravation of one or more of the *doshas* and blood. The three *doshas* in the body are *vata, pitta and kapha.* "Ovulation does not take place in menstrual disorders", says *Susruta,* the famous surgeon of ancient times. Thus, a woman with menstrual disorders may not be able to bear a child if timely treatment is

Box 8. Types of menstrual disorders described in Ayurveda

	Vetaj	Red black, dark or violet coloured bleeding, excreted slowly with piercing pain.
	Pittaja	Yellowish or bluish bleeding, not greasy, smells like pus and there is burning sensation.
	Kaphaja	Whitish or yellowish, thick, slippery and greasy bleeding. The secretions settle down, if put in water.
	Sonitjang	Red like fresh blood with a foul smell. There is burning sensation.
	Vetakaph	Clotted appearance, pain and greasy secretion. It has the mixed colour of vata and kapha.
	Pittakaph	The menstrual secretions have a foul smell. Fever is usually present with a heavy feeling in the lower abdomen.
	Vatapittaj	The menstrual secretions have a foul smell. Fever is usually present with a heavy feeling in the lower abdomen.
	Sannipat	There is a foul smell, like that of urine or stools. This discharge has the characteristics of the three doshas.

not given. Box 8 describes the eight types of menstrual disorders and their symptoms.

What are the causes of menstrual disorders?

Causes of menstrual disorders are broadly divided into three categories:

- *Diet (Aharajanya).* Excessive consumption of (1) *hot* food and drinks; (2) salt; (3) sour, bitter and pungent foods; (4) hot meals; and (5) intoxicating drinks such as alcohol can cause menstrual irregularities.
- *Lifestyle (Viharajanya).* Taking medicines or other habitual

substances through the nose during menstruation, suppression of natural urges, sleeping during the day, inadequate sleep during the night and excess of sexual intercourse are some of the causes of menstrual irregularities.

- *Environment (Asatmyajanya).* Exposure to heat and fire and smoking can also cause menstrual irregularities.

What is the treatment for menstrual disorders?

Your doctor is the best person to identify the type of menstrual irregularity and to recommend appropriate treatment. The duration of treatment depends upon the severity of the disease. Most Ayurvedic medicines recommended for menstrual disorders do not have side effects. Some management options for menstrual disorders recommended in Ayurveda are:

Cleansing measures. These include: (1) oleation – lubricating the body with oil. This is done either through oil massage or taken orally; (2) sudation – medicines that force sweating; (3) emetics – medicines that induce vomiting; (4) purgation – medicines that increase bowel movements and cause loose stools; and (6) putting medicines inside the vagina or the uterus.

Single drug therapy includes:

- *Sweetwood or Liquorice.* A paste prepared from the peeled root of this plant with milk and butter to be applied twice a day. It is recommended for aggravated conditions of the *vata.*

- *Vinegar.* A paste of vinegar in butter is applied twice a day.
- ***Flowers of fire-flame bush or Woodforida.*** This large shrub, known as *Dhataki,* is common in many parts of India. It has bright red flowers. A paste prepared from these flowers with butter is recommended twice a day for treatment of menstrual irregularities.
- ***Winter cherry.*** A decoction prepared from the leaves of this plant known as *asvagandha* in India is recommended twice a day. It is effective for aggravated conditions of *vata.*

- *Tellicherry Bark.* This plant is known as *kura or kurchi* in Hindi. It is common in the forests of India. A decoction of the leaves of this plant is also recommended for treatment of some menstrual irregularities.

For dysmenorrhoea, Ayurveda recommends laxatives two days before the expected date of menstruation because constipation increases severity of dysmenorrhoea. One of the medicines commonly used is prepared from Indian alces, asafoetida and borax. The medicine is more effective if started before the expected date of menstruation.

External applications include applying medicinal paste in the vagina or cleaning the vagina with a decoction of medicinal plants. Commonly recommended pastes are:

- ***Priyamgu.*** This plant, also known as *Daiya* in Hindi, is useful for abnormalities of *pitta* and *vata.*
- ***Sesame or Gingelly.*** It is recommended for abnormalities of *kapha* and *vata.*
- ***Sandal tree.*** Medicines prepared from this plant are recommended for abnormal conditions of the *pitta.* They control blood loss.

- ***Emetic nut tree.*** Various preparations of this plant are effective for abnormalities of all three *doshas*. They are particularly effective for management of amenorrhoea and dysmenorrhoea.

Commonly recommended decoctions for cleaning the vagina include:

- ***Mudgaparni.*** The roots of this plant are recommended for abnormalities of all three *doshas*. It also controls infections of the reproductive organs.
- ***Red ochre.*** This is a mineral preparation and contains white aluminium silicate. It is commonly

recommended in infections of the reproductive organs.

- ***Soapnut tree.*** A decoction is prepared from the fruit. It has antiseptic properties.
- ***Indian persimon.*** Several medicines are prepared from the bark, leaves, flowers and fruits of this plant. These medicines are effective for abnormalities of *pitta* and *vata*. They are particularly effective in treatment of white discharge from the vagina.

Compound medicines commonly used for treatment of menstrual irregularities include *Yogaraja*

guggulu, Chandraprabhavati and *Pagapaka.*

Medicated oils used for management of menstrual disorders are prepared from Aniseed and Wild asparagus. The latter is particularly effective for infections of the vagina and the other reproductive organs.

In addition to the above, your doctor may also recommend medicated enema for management of menstrual disorders.

HOMOEOPATHY

HOMOEOPATHY

Types of menstrual disorders and their causes described in Homoeopathic system of medicine are the same as those in the section on Allopathy. Homoeopathy stresses that women who have regular menstruation are more likely to maintain general health than those who have irregular menstruation. This is because irregular menstruation is usually associated with abnormal hormone

levels which can lead to several diseases. A regular menstrual cycle is extremely essential in the life of a woman during the reproductive years.

Homoeopathic medicines do not have any side-effects normally associated with hormones prescribed for menstrual disorders in Allopathy.

Homoeopathy recommends *non-medicinal* and *medicinal measures* for treatment of menstrual irregularities.
Non-medical measures include:

- *Diet*. You should consume large quantities of vegetables (especially green leafy and raw

vegetables) and fruits. Fat and non-vegetarian food should be avoided as much as possible.

- *Exercise.* Regular exercises such as walking improves general health and therefore helps maintain regular menstrual cycle. Doing household chores is not a substitute for exercise. Fix some time of the day for doing regular exercises at home.
- ***Mental Health.*** Emotional and psychological stress result in irregular menstruation. You can manage these stresses by practising relaxation techniques such as yoga and meditation.

- *Contraceptives.* Avoid oral contraceptives as far as possible because the hormones in these pills have a wide range of side-effects.
- *Regular check-ups.* You should consult your doctor regularly, especially during menopause, to rule out various diseases of the reproductive organs.
- *Personal hygiene.* Good personal hygiene prevents infections of the reproductive organs. Good hygiene is therefore one of the ways to prevent menstrual disorders.

What is the Homoeopathic approach to medicinal treatment?

Homoeopathy has innumerable remedies to treat the menstrual irregularities. As in every disease, a Homoeopath considers the totality of your symptoms to select the remedy suitable to you. These remedies stimulate your vitality and enhance your natural defence mechanism. The endocrine glands are also stimulated in such a way that the hormonal balance is

restored. It is, however, important to remember that investigations are an important part of Homoeopathic treatment as they help in establishing a diagnosis.

Homoeopathic medicines are very effective for fibroids, cysts of the ovaries and other similar conditions. It is possible to avoid surgery in many cases of tumours of the uterus and ovaries. Surgery is, however, necessary for large tumours and some cancers of the reproductive organs.

Management of common menstrual irregularities are as described below.

Premenstrual tension. *Homeopathic medicines are very effective for premenstrual tension in women of all age groups.* As mentioned in the section on Allopathy, symptoms of premenstrual tension vary from woman to woman. The Homoeopathic medicines therefore depend upon the totality of your symptoms. These medicines are usually taken before the expected time of developing premenstrual tension. For example, if you regularly develop the symptoms three days before the bleeding starts, Homoeopathic medicines will be recommended about four

days before the expected date of menstruation. *Regular intake of these medicines can completely cure premenstrual tension.*

Amenorrhoea. If menstruation does not start by fourteen years and all the other female sexual characters are normal such as breast development and hair growth is normal, no medicines are recommended. This is because some girls have delayed menstruation.

If medicines are, however, indicated, your doctor will select several medicines such as ***pulstilla, sepia, cimicifuga, graphiles, senecio,***

etc., which are effective for amenorrhoea in non-pregnant women.

Oligomenorrhoea. According to Homoeopathy, anaemia is the commonest cause of scanty bleeding. Iron supplements are recommended for correction of anaemia. Your doctor will prescribe other medicines for treatment of scanty bleeding if you are not anaemic. Oligomenorrhoea can lead to excessive weight gain, anxiety, depression and palpitation (awareness of the heartbeat). These associated symptoms are seen more

often among women above thirty years of age.

Polymenorrhoea. Homoeopathic medicines for treatment of excessive bleeding are numerous. The choice of medicine depends upon the type, time and quantity of bleeding in addition to the overall emotional and psychological factors of the woman.

Dysmenorrhoea. Homoeopathy has very effective medicines for treatment of primary dysmenorrhoea. These medicines increase a woman's tolerance to pain in

addition to reducing the intensity of the uterine contractions.

The most common medicines for dysmenorrhoea without any associated disorders is ***Magnesium phos. 6x***. This medicine should be taken with hot water during the days of the pain. Homoeopathic medicines taken for the totality of your symptoms for three to six months gives complete relief from dysmenorrhoea.

NATURE CURE

NATURE CURE

Nature Cure also emphasises the importance of female hormones in maintaining a woman's health. This is because female hormones maintain physical, emotional and mental health of a woman.

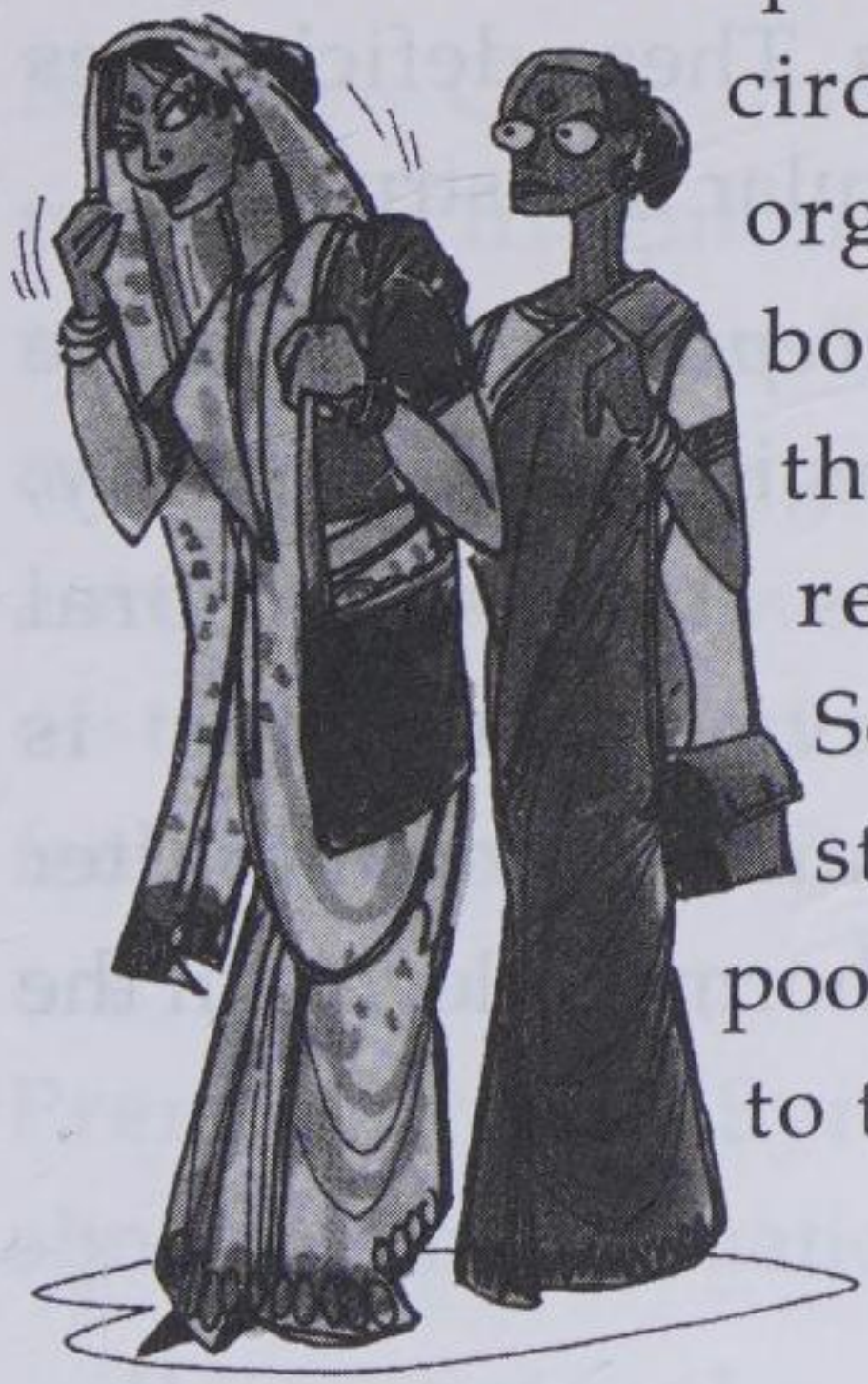
What are the causes of menstrual irregularities?

Types of menstrual irregularities and their causes as per the Nature Cure philosophy are the same as those detailed in the section on Allopathy. Nature Cure, however, stresses on three important causes of menstrual irregularities. These include:

- *Emotional disturbances.* Anxiety, stress, depression and emotional disturbances alter the normal functions of the brain. This leads

to imbalances in the secretion of hormones.

- ***Sedentary lifestyle.*** Physical exerciseimproves blood circulation to all organs in the body including the organs of reproduction. Sedentary life-style results in poor blood supply to the reproductive organs.



Is your doctor a magician? How can he cure your Premenstrual Syndrome?

- *Diet.* A diet rich in spices, preservatives, colourings, unnatural seasoning and low in natural fibre results in nutritional deficiencies. These deficiencies lead to irregular menstruation.
- *Oral contraceptive pills.* Nature Cure, just as in Homoeopathy, discourages the use of oral contraceptive pills. This is because contraceptive pills alter the normal hormone levels in the body.

What is the treatment of menstrual irregularities?

Nature Cure treatment for menstrual irregularities focuses on removal of "poisons" from the body and improving the general health of a woman. It improves the functions of the uterus and regulates the female hormones. Described below are treatment options for Premenstrual Syndrome and abnormal menstruation.

Premenstrual Syndrome. Treatment of Premenstrual Syn-

drome depends upon the severity of the symptoms. If the symptoms are mild and do not adversely affect your normal work, Nature Cure recommends the following measures:

- ***Avoid stress.*** Avoid extra or strenuous work just before and during menstruation. You should also avoid emotional stress by practising relaxation techniques such as yoga and meditation.
- ***Limited fluid intake.*** Many woman retain more fluid in the body just before menstruation.

Increased fluid retention results in a heavy, dull feeling in the body.

- *Limited salt intake.* Increased salt intake results in increased fluid retention in the body. You should therefore reduce your salt intake before the periods.

- *Eat a high-fibre diet.* Constipation increases the severity of pain during menstruation. Increased pain leads to more severe symptoms of Premenstrual Syndrome. You should therefore eat a high-fibre diet rich in fruits, vegetables and wheat bran.

- *Avoid unhealthy food.* Avoid (a) sugar; (b) stimulants such as tea, coffee; (c) oily, fried and spicy foods.
- *Positive attitude.* Negative feelings such as anger, jealousy, tension, worry, and fear increase severity of the symptoms of premenstrual tension. You should therefore develop positive attitude towards life. Meditation is one of the most effective ways to develop a healthy attitude towards life.

If symptoms of Premenstrual Syndrome are very severe and

adversely affect your normal work, Nature Cure recommends the following measures in addition to those described above:

- ***Cold hip bath.*** Soaking your waist region in a special tub partially filled with water for fifteen minutes relaxes the reproductive organs. It also relieves tension. Cold hip bath should be taken twice a day when you have Premenstrual Syndrome. You should, however, not take this bath during menstruation.

- *Hot foot bath.* Soak your legs up to knees in a bucket of hot water for about ten minutes. Apply a cold compress on the lower part of the abdomen and inner part of the thighs. Hot foot bath and cold compress together relieve congestion from the uterus and other reproductive organs.

Abnormal bleeding. Nature Cure recommends the following measures for maintaining a healthy uterus and normal secretion of female hormones:

- *Cold towel pack.* Select a cotton cloth roughly the size of your

abdomen and dip it in cold tap water. Squeeze it slightly so that the water does not dribble. Put this cold towel pack on the abdomen and cover it with a dry cloth.

Apply cold towel pack for twenty minutes three times a day: (a) before breakfast; (b) at four in the afternoon; and (c) two and a half hours after dinner. Cold towel pack has two advantages: (1) it activates the uterus lining by increasing the blood circulation; and (2) it regulates secretion of hormones from the ovaries. Cold towel pack

can be continued even after menstruation is normal. *You should not take cold towel pack during the first three days of menstruation.*

- ***Cold hip bath.*** Taking a cold hip bath everyday (except during menstruation) maintains normal menstrual cycles.
- ***Wet girdle pack.*** It consists of two cotton underwears – one wet and one dry. Dip the first underwear in cold tap water. Squeeze it slightly so that the water does not drip. Wear this wet underwear first and then a dry cotton underwear over it.

You can wear your usual night dress over this wet girdle pack.

Wet girdle pack should be worn for at least one hour about two and a half hours after dinner. You can also sleep with this pack. Wet girdle pack reduces congestion in the uterus and regulates secretion of female hormones. *You should not wear wet girdle pack during menstruation.*

- ***Vaginal douche.*** Washing the vagina with a decoction of neem water removes left over menstrual secretion after the bleeding stops. Vaginal douche

therefore maintains hygiene in the vagina and prevents infections of the reproductive organs.

- ***Mud pack.*** Prepare a paste of pure mud with *ice water.* Apply this on a cloth so that the pack is twenty centimetres long, ten centimetres wide and three centimetres thick. Keep the mud pack on the abdomen covered with a blanket for about twenty minutes. Mud pack is very effective for severe bleeding.

Diet. Dietary measures are effective in regulating menstrual

irregularities and preventing their adverse impacts only if you avoid physical and emotional stress. Commonly recommended dietary measures are:

- ***Fasting.*** A fast for three to five days is often recommended after the bleeding stops. This fast should be done under the direct supervision of the doctor. Depending upon the severity of menstrual irregularity and your general condition, the doctor may allow three fruitmeals. Women who are underweight or anaemic are given one glass of

milk with every fruit meal. Do not fast during menstruation, especially if you have excessive bleeding. Fasting is, however, recommended when you have severe pain in the abdomen.

- *High fibrediet*. Add large quantities of fruits and raw vegetables, whole grains and sprouted seeds in every meal. Eat small and frequent meals rather than large and few meals. Avoid eating refined flour, sugar, cakes, sweets, non-vegetarian food, fried and oily food, and spices.

- *Exercises.* Regular practice of yoga is very effective for irregular and/or excessive menstruation. Several yoga exercises regulate functions of the pituitary gland and the reproductive organs by increasing their blood supply. You should learn the correct *yogasanas* from a qualified practitioner of yoga.

Dysmenorrhoea: Nature Cure recommends *fomentation* of the lower abdomen with hot water bottle as one of the remedies for

dysmenorrhoea. ***Sitting in hot water tub*** for about twenty minutes relaxes the muscles around the vagina and the uterus and therefore pain during menstruation.

You should ***drink hot water*** during menstruation. Constipation during menstruation can increase the severity of the pain and therefore you should drink large quantities of water. Regular intake of high-fibre diet helps control dysmenorrhoea.

UNANI

Menstruation is known as Haiz in the Unani system of medicine. Definition and types of menstrual irregularities are the same as those mentioned in the section on Allopathy. All types of menstrual irregularities and their management with Unani medicines have been described in detail by several eminent physicians in the past. Described below is the treatment of abnormal bleeding.

What are the causes of abnormal bleeding?

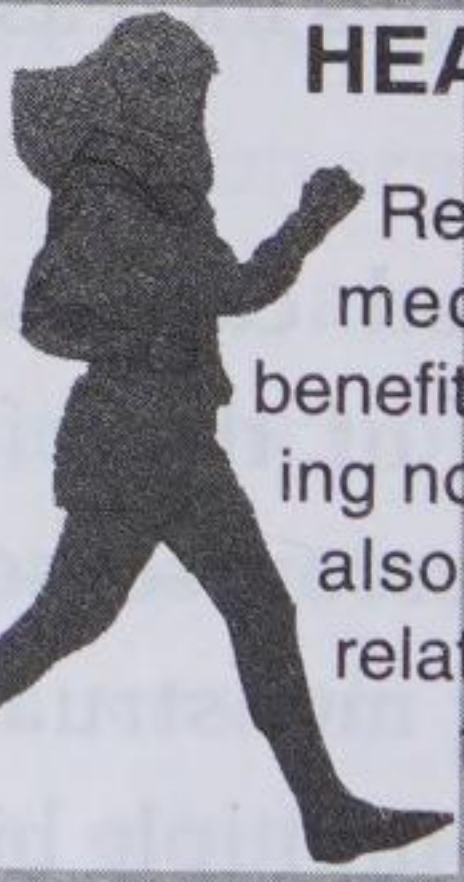
According to the Unani system of medicine, abnormalities in the uterus lining or its blood vessels result in abnormal bleeding. There is usually no associated abnormality in the function of the ovaries. Abnormal uterus lining and its blood vessels can also lead to several other diseases in the body.

The Unani system is based on the theory of the four *humours*. One of these humours is black bile or *safra*.

Excess production of black bile in the body produces certain changes called the "*Cholinergic changes*". Excessive use of "hot" foods results in increased black bile production and therefore increased *Cholinergic* changes. These changes increase the bleeding tendency.

Other associated causes are excessive volume of the blood, excess of sexual intercourse, sexual intercourse during menstruation, repeated abortions, multiple births, weak muscles of the uterus and inflammation of the uterus lining. Anxiety, tension, anger, fear and

other similar emotional disturbances aggravate the symptoms of menorrhagia.



HEALTH TIP

Regular exercise, yoga and meditation have several benefits. In addition to maintaining normal menstruation, they also prevent several stress-related diseases. Set aside a fixed time of the day for exercise and seek support from your family members to help you develop an exercise routine. You can also exercise with the other family members and make it a social event rather than a compulsion.

What is the treatment of abnormal bleeding?

Basic principles of treatment of menorrhagia according to the Unani system of medicine include:

- General rest.
- General principles of rest (*Asbab-e-Sitte-Zarooriya)* for restoring general health.
- Avoid causes of abnormal bleeding.
- Use of *Astringents*, either locally or orally, for immediate relief. Astringents are medicines which

constrict the blood vessels and body tissues. This constriction results in reduced blood loss.

- Use of *Coctives* and *Alteratives* for restoring normal quality of the blood. Coctives are medicines which increase excretion of *safra* or black bile from the blood or body. Alteratives are medicines which alter the quality of the body tissues.

The duration of treatment depends upon the severity of the disease. There are no side-effects or contraindications to the Unani medicines for treatment of

menorrhagia. Listed below are the common medicine preparations:

Commonly used **Astringents** are prepared from any one of the following: (1) Alum; (2) Bamboo manna; (3) Soap stone; (4) Red earth; (4) Pomegranate; (5) Bistort; (6) Poppy seed; (7) Plantain; (8) Gall oak; (9) Coral; (10) Tamarisk; and (11) Marmal.

Commonly used **Coctives and Alteratives** are prepared from any one of the following: (1) Quince; (2) Common Purslane; (3) Sweet violet; (4) Water lily; (5) Damask Rose; (6) Sandalwood; (7) Jujube fruit; (8) Persian Manna Plant; (9)

Common plum; (10) Vinegar; (11) Tamarind; and (12) Pomegranate.

In addition to the above, there are several Unani medicines consisting of more than one medicine. Commonly used compound medicines are: (1) Safoof Istehaza; (2) Majcon Supari Pak; (3) Khamira Khashkhash; (4) Majoon Muqavvi Raham; (5) Sharbat Anjabar; and (6) Sharbat Habbul Aas.

DID YOU KNOW THAT

More than 100,000 primitive eggs are present in the ovaries at birth. However, since only one egg from any ovary is released during every menstrual cycle, less than 450 eggs are released during the entire reproductive period of a woman.

Definitions

Adrenal glands are situated just above the kidneys. It secretes several hormones.

Biopsy is the removal of a small part of a living tissue from an organ for examination under the microscope.

Endocrine glands secrete hormones directly into the bloodstream.

Oestrogen is one of the female hormones secreted by the ovaries. Its level is high in the first part of the menstrual cycle.

Hormones are chemical substances produced by specific organs having effects on other organs of the body.

Ovaries are female reproductive organs from which an egg is released every month. They also secrete female hormones.

Progesterone is one of the female hormones secreted by the ovaries. Its level is high in the second part of the menstrual cycle.

Thyroid gland is situated in the front of the neck. It secretes hormones. Both excess and inadequate production of thyroid hormones cause several diseases in the body.

Uterus or womb is the reproductive organ of the females that nourishes the unborn child till the birth of the child.

Vagina is the canal that leads from the uterus to the opening outside the body in females.

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